MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
345375	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I							51						
2		I						52						
3		I						53						
4		I						54						
5		I						55						
6		I						56						
7		I						57						
8		I						58						
9		I						59						
10		I						60		I				
11	I							61		I				
12		I						62		I				
13	I							63		I				
14		I						64		I				
15		I						65		I				
16		I						66		I				
17		I						67		I				
18		I						68		I				
19		I						69		I				
20		I						70		I				
21		I						71		I				
22		I						72		I				
23	I							73		I				
24		I						74		I				
25	I							75		I				
26		I						76		I				
27		I						77		I				
28	I							78		I				
~~29~~								79		I				
30		I						80		I				
31								81		I				
32								82		I				
33								83		I				
34								84		I				
35								85		I				
36								86		I				
37								87		I				
38								88		I				
39								89		I				
40								90		I				
41								91		I				
42								92		I				
43	I							93		I				
44		I						94	I					
45		I						95						
46								96						
47		I						97						
48		I						98						
49								99						
50								100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

PTO-1360 (3-78) *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS